14014/6

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (5-05)

# **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

# **FORM D**

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

	OMB API	PROVAL			
Sor	OMB Number: Expires: Estimated average hours per respons				
٦ [	SEC US	E ONLY			
5	Prefix	Serial			
ŀ	DATE RECEIVED				

Filing Under (Check box(es) that apply):  Type of Filing:   New Filing	☐ Rule 504 ☐ Ru I Amendment	ile 505	Rule 506	☐ Section	n 4(6) 🔲 ULOE
Type of Filling New Filling	A. BASIC IDEN	TIFICATION D	ΔΤΔ		
Enter the information requested about the		THE TOTAL TOTAL DE			
	endment and name has change	ed, and indicate	change.)		
Address of Executive Offices c/o Morgan Stanley Infrastructure GP LP	(Number and Street, City, S 1585 Broadway, New York,		6	Telephone Numbe 212-761-8877	r (Including Area Code)
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, S	tate, Zip Code)		Telephone Numbe	r (Including Area Code)
Brief Description of Business To invest in infrastructure assets on a global to	oasis.	ROCESS			
	$\bigvee$	MAY 2720	)8		
	\				
Type of Business Organization  Corporation	THC ⊠ limited partnership, alrea	MSON RE		other (please s	pecify):
	THC  ⊠ limited partnership, alrea □ limited partnership, to be	MSON RE	UTERS	other (please s	pecify):
corporation	THC  ⊠ limited partnership, alrea □ limited partnership, to be	MSON RE		☐ other (please s	pecify): ☐ Estimated

## **GENERAL INSTRUCTIONS**

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

,	A. BASIC IDENTIFI	ICATION DATA					
<ul> <li>Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> </ul>							
Each general and managing partner of partnership issuers.							
Check Box(es) that Apply:	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner			
Full Name (Last name first, if individual)				-			
Morgan Stanley Infrastructure GP LP							
Business or Residence Address (Number and Street, City, State, Zip Code)							
c/o Morgan Stanley Infrastructure Inc., 1585 Broad	way, New York, New York 100	036					
Check Box(es) that Apply:   Promoter	Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)							
Morgan Stanley & Co. Incorporated							
Business or Residence Address (Number and Stre 1585 Broadway, New York, New York 10036	et, City, State, Zip Code)			•			
Check Box(es) that Apply:   Promoter	Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)		· · · · · · · · · · · · · · · · · · ·					
Morgan Stanley & Co. International plc							
Business or Residence Address (Number and Stre	et. City. State. Zip Code)						
25 Cabot Square, Canary Wharf, London, United K							
Check Box(es) that Apply:   Promoter	☐ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)		·					
Morgan Stanley Distribution, Inc.							
Business or Residence Address (Number and Stre	et, City, State, Zip Code)		•				
One Tower Bridge, 100 Front Street, West Consho	•						
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner		□ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)							
Wahba, Sadek							
Business or Residence Address (Number and Stre	et, City, State, Zip Code)	· · · · · ·					
c/o Morgan Stanley Infrastructure Inc., 1585 Broad	way, New York, New York 100	036					
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)							
Hottenrott, Markus, Christof							
Business or Residence Address (Number and Stre	et, City, State, Zip Code)	·					
c/o Morgan Stanley Infrastructure Inc., 1585 Broad	way, New York, New York 100	036					
Check Box(es) that Apply:	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)			<del></del>				
Trevor, Stephen							
Business or Residence Address (Number and Stre	et, City, State, Zip Code)	·					
c/o Morgan Stanley Infrastructure Inc., 1585 Broad	way, New York, New York 100	036					
Check Box(es) that Apply:	☐ Beneficial Owner		Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)		- · · · · · · · · · · · · · · · · · · ·					
Lepin, Ron							
Business or Residence Address (Number and Street, City, State, Zip Code)							
c/o Morgan Stanley Infrastructure Inc., 1585 Broadway, New York, New York 10036							

A. BASIC IDENTIFICATION DATA							
<ul> <li>Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul>							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	General and/or Managing Partner		
Full Name (Last name first, if individual) Ruddy, Agatha Business or Residence Address (Number and Street, City, State, Zip Code)							
c/o Morgan Stanley Infrastruc							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	General and/or Managing Partner		
Full Name (Last name first, if Hahn, Jeffrey	individual)						
Business or Residence Addre	ess (Number and Street.	City, State, Zip Code)					
c/o Morgan Stanley Infrastruc	•		036				
Check Box(es) that Apply:	Promoter	Beneficial Owner	☑ Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, if Cattier, Jennifer M.	individual)						
Business or Residence Addr	ess (Number and Street,	City, State, Zip Code)	· · · · · · · · · · · · · · · · · · ·				
c/o Morgan Stanley Infrastruc	cture Inc., 1585 Broadwa	y, New York, New York 10	036				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	Director	☐ General and/or Managing Partner		
Full Name (Last name first, if Choi, Kenneth	individual)		·		-		
Business or Residence Addr	ess (Number and Street,	City, State, Zip Code)					
c/o Morgan Stanley Infrastru	cture Inc., 1585 Broadwa	y, New York, New York 10	036				
Check Box(es) that Apply:	Promoter	Beneficial Owner		Director	☐ General and/or Managing Partner		
Full Name (Last name first, if Coroniti, Robin	findividual)						
Business or Residence Addr	ess (Number and Street.	City, State, Zip Code)	· · · · · · · · · · · · · · · · · · ·				
c/o Morgan Stanley Infrastru	,		036				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		☐ Director	General and/or Managing Partner		
Full Name (Last name first, if Indelicato, Mario	findividual)						
Business or Residence Addr	ess (Number and Street,	City, State, Zip Code)	<u> </u>				
c/o Morgan Stanley Infrastru	cture inc., 1585 Broadwa	y, New York, New York 10	036				
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner		☐ Director	☐ General and/or Managing Partner		
Full Name (Last name first, if	individual)			, ,			
Langlois, Noel  Business or Residence Addr	ace (Number and Street	City State 7in Code\					
c/o Morgan Stanley Infrastru	•	•	036				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	Director	☐ General and/or Managing Partner		
Full Name (Last name first, if	findividual)		:				
Marmoll, Eric	•						
	Business or Residence Address (Number and Street, City, State, Zip Code)						
c/o Morgan Stanley Infrastru	c/o Morgan Stanley Infrastructure Inc., 1585 Broadway, New York, New York 10036						

A. BASIC IDENTIFICATION DATA									
<ul> <li>Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>									
<ul> <li>Each beneficial owner</li> </ul>	Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;								
<ul> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> </ul>									
Each general and managing partner of partnership issuers.									
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner		Director	☐ General and/or Managing Partner				
Full Name (Last name first, if	individual)								
Miller, Lyle									
Business or Residence Addre	ess (Number and Street, C	City, State, Zip Code)							
c/o Morgan Stanley Infrastruc	c/o Morgan Stanley Infrastructure Inc., 1585 Broadway, New York, New York 10036								
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☑ Executive Officer	Director	☐ General and/or Managing Partner				
Full Name (Last name first, if	individual)								
Pollock, Frederick									
Business or Residence Addre	ess (Number and Street, C	City, State, Zip Code)	· · · · · · · · · · · · · · · · · · ·		<del></del>				
c/o Morgan Stanley Infrastruc	•	•	036						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		Director	General and/or				
Chook Box(03) that Apply.	_ romoter				Managing Partner				
Full Name (Last name first, if	individual)		<del></del>						
Rahmathulla, Adil									
Business or Residence Addre	ess (Number and Street, 0	City, State, Zip Code)							
c/o Morgan Stanley Infrastruc	cture Inc., 1585 Broadway	, New York, New York 100	036						
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		Director	☐ General and/or Managing Partner				
Full Name (Last name first, if	individual)	<del></del>	· <del></del>	<del></del>					
Rein, Walter	<b>,</b>								
Business or Residence Addre	ess (Number and Street. 0	City, State, Zip Code)							
c/o Morgan Stanley Infrastruc	•	•	036						
Check Box(es) that Apply:	Promoter	Beneficial Owner	□ Executive Officer	Director	General and/or				
Chook Dox(OS) that Apply.					Managing Partner				
Full Name (Last name first, if	individual)	-	· , <u>-</u> ·	· <u> </u>					
Tannenbaum, Elliot									
Business or Residence Addre	ess (Number and Street, (	City, State, Zip Code)	·						
c/o Morgan Stanley Infrastruc	cture Inc., 1585 Broadway	, New York, New York 10	036						
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		Director	☐ General and/or				
,					Managing Partner				
Full Name (Last name first, if	individual)								
Davis, Wanda									
Business or Residence Addre	ess (Number and Street, (	City, State, Zip Code)		-	<del>-</del>				
c/o Morgan Stantey Infrastruc	cture Inc., 1585 Broadway	, New York, New York 10	036						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		Director	☐ General and/or Managing Partner				
Full Name (Last name first, if	individual)				<u> </u>				
Freeman, Gail									
Business or Residence Addre	ess (Number and Street, (	City, State, Zip Code)							
c/o Morgan Stanley Infrastruc	cture Inc., 1585 Broadway	, New York, New York 10	036						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		Director	☐ General and/or Managing Partner				
Full Name (Last name first, if	individual)								
Newmark, Debbie	•								
Business or Residence Addre	Business or Residence Address (Number and Street, City, State, Zip Code)								
c/o Morgan Stanley Infrastructure Inc., 1585 Broadway, New York, New York 10036									

		A. BASIC IDENTIF	ICATION DATA					
2. Enter the information reque	ested for the following:	,						
<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>								
	<ul> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;</li> </ul>							
<ul> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> </ul>								
Each general and managing partner of partnership issuers.								
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first, it	findividual)	•						
Fappiano, MaryAnn								
Business or Residence Addr	ess (Number and Stree	t, City, State, Zip Code)						
c/o Morgan Stanley Infrastru	cture Inc., 1585 Broadw	vay, New York, New York 10	036					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if	individual)		· · · · · · · · · · · · · · · · · · ·					
Seebode, Sally								
Business or Residence Addr	ess (Number and Stree	et, City, State, Zip Code)	·					
c/o Morgan Stanley Infrastru	cture Inc., 1585 Broadv	vay, New York, New York 10	036					
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner			
Full Name (Last name first, it	findividual)							
GRD 5								
Business or Residence Addr	ess (Number and Stree	et, City, State, Zip Code)						
c/o Credit Agricole Asset Ma	nagement (CAAM), 90	Boulevard Pasteur, Paris, 75	730, Cedex 15, France					
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first, it	findividual)							
Morgan Stanley Infrastructur	e Holdings Inc.							
Business or Residence Addr	ess (Number and Stree	et, City, State, Zip Code)	<del></del>					
1585 Broadway, New York, I	New York 10036							
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first, it	findividual)							
Teacher Retirement System	of Texas							
Business or Residence Addr	ess (Number and Stree	t, City, State, Zip Code)	<del> </del>					
100 Red River Street, Austin	, TX 78701							

۱.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box   and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price	ı	Amount Already Sold
	Debt	\$		\$
	Equity	\$		\$
	☐ Common ☐ Preferred			
	Convertible Securities (including warrants)	\$		\$
	Partnership Interests	\$907,175,832 <sup>1</sup>		\$907,175,832 <sup>1</sup>
	Other (Specify).	\$		\$
	Total	\$907,175,832		\$907,175,832
	Answer also in Appendix, Column 3, if filing under ULOE.			
•	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Aggregate
		Number Investors		Dollar Amount of Purchases
	Accredited Investors	137		\$907,175,832 <sup>1</sup>
	Non-accredited Investors			\$
	Total (for filings under Rule 504 only)			\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
•	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.			
	Torre of effection	Type of		Dollar Amount
	Type of offering	Security		Sold
	Rule 505			\$
	Regulation A			\$
	Rule 504			\$
	Total			\$
	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees	***************************************		\$
	Printing and Engraving Costs		⊠	\$28,500 <sup>2</sup>
	Legal Fees		⊠	\$225,000²
	Accounting Fees			\$
	Engineering Fees			\$
	Sales Commissions (specify finders' fees separately)			\$0 <sup>23</sup>
	Other Expenses (identify) Travel and entertainment, consulting, telecommunications, and		⊠	\$441,000²
	Total	***************************************	⊠	\$694,500²

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

<sup>&</sup>lt;sup>1</sup> Represents aggregate capital commitment of all partners of the issuer. Unless otherwise agreed by the general partner, each partner of the issuer has the same capital commitment to Morgan Stanley Offshore Infrastructure Partners L.P., and a drawdown of a partner's capital commitment to the issuer is deemed a drawdown of such partner's capital commitment to Morgan Stanley Offshore Infrastructure Partners L.P. (and vice versa).

<sup>&</sup>lt;sup>2</sup> Represents aggregate expenses for the issuer and Morgan Stanley Offshore Infrastructure Partners L.P.

<sup>&</sup>lt;sup>3</sup> Placement fees in an aggregate amount of approximately \$3,722,000 have been paid separately by certain investors and the general partner of the issuer. Such fees are not expenses of the issuer.

	COLUMN CO	CENUMBER OF INVESTORS PXPENSES!	ND U	SEPHEROPHEOSE		
	<ul> <li>Enter the difference between the aggregation 1 and total expenses in response the "adjusted gross proceeds to the Issuer."</li> </ul>	ate offering price given in response to Part C to Part C – Question 4.a. This difference is			\$906	5,481,332
5.	Indicate below the amount of the adjusted gro to be used for each of the purposes shown. furnish an estimate and check the box to the le listed must equal the adjusted gross proceeds — Question 4.b above.	If the amount for any purpose is not known, eft of the estimate. The total of the payments				
				Payments to Officers, Directors & Affiliates		Payments To Others
	Salaries and fees			\$		\$
	Purchase of real estate			\$		\$
	Purchase, rental or leasing and installation	n of machinery and equipment		\$		<u>\$</u>
	Construction or leasing of plant buildings	and facilities		\$		\$
	Acquisition of other businesses (including offering that may be used in exchange for			\$		\$
		······································		\$		\$
	· -	***************************************		\$		\$
		ucture assets.		\$	$\boxtimes$	\$906,481,332
			_			
				\$		\$
				\$	. —	\$906,481,332
		ded)		<b>⊠</b> \$906,	481,33	2
		DIFEDERALSIGNATURE				
cor	issuer has duly caused this notice to be signed stitutes an undertaking by the Issuer to furnish t lished by the issuer to any non-accredited inves	o the U.S. Securities and Exchange Commissi	f this r lon, up	notice is filed under Rule non written request of its	505, t staff, t	he following signature he information
	uer (Print or Type)	Signature July		Date S/1/		
Мо	rgan Stanley Infrastructure Partners LP	July 7,000		S/16/2	<b>408</b>	
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)				
Vice President of Morgan Stanley Infrastru Frederick Pollock GP LP, general partner of the issuer				c., general partner of M	organ (	Stanley Infrastructure

**ATTENTION** 

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

